

UNIVERSITY HOSPITALS OF LEICESTER (UHL) NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON FRIDAY 11 SEPTEMBER 2026 FROM 9.30AM IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL****Voting Members present:**

Dr A Haynes MBE – Acting Chair

Mr S Adams – Non-Executive Director and Operations and Performance Committee Non-Executive Director Chair

Mr L Bond – Chief Financial Officer

Professor I Browne OBE – Non-Executive Director and People and Culture Committee Non-Executive Director Chair

Ms H Hendley – Chief Operating Officer

Ms J Hogg – Chief Nurse

Mr A Inchley – Non-Executive Director and Finance and Investment Committee Non-Executive Director Chair

Mr R Mitchell – Chief Executive

Mr D Moon – Non-Executive Director and Audit Committee Non-Executive Director Chair

Dr G Xu – Medical Director

In attendance:

Mr S Barton – Deputy Chief Executive

Ms G Belton – Corporate and Committee Services Officer

Ms D Burnett – Director of Midwifery

Ms B Cassidy – Director of Corporate and Legal Affairs

Ms E Casteleijn - Director of Communications and Engagement

Ms K Johnston – Head of Midwifery and Nursing (for Minute 88/26)

Ms S Kaya – Freedom to Speak Guardian (for Minute 91/26/1)

Ms S McLeod – Head of Patient Experience (for Minute 88/26)

Mr W Monaghan - Group Chief Digital Information Officer

Ms R Moss - Freedom to Speak Guardian (for Minute 91/26/1)

Ms C Teeney – Chief People Officer

		<u>ACTION</u>
83/26	APOLOGIES AND WELCOME	
	Apologies for absence were received from Dr R Abeyratne, Director of Health Equality and Inclusion, Mr S Harris, Associate Non-Executive Director, Ms J Houghton, Non-Executive Director and Ms H Kotecha, Healthwatch Representative.	
84/26	CONFIRMATION OF QUORACY	
	<u>Resolved</u> – the meeting was confirmed as quorate (i.e. at least one-third of the whole number of Directors were present, including at least one Executive Director and one Non-Executive Director).	
85/26	DECLARATIONS OF INTERESTS AND UPDATE ANNUAL DECLARATIONS OF INTERESTS	
	The Trust Board received an updated annual declaration of interest (paper A), which had been updated to record a change in the role of Dr Haynes to Acting Chair. There were no declarations of interest for the meeting.	
	<u>Resolved</u> – that the update to the 2026/27 annual declaration of Trust Board declarations of interests (paper A) be noted.	
86/26	MINUTES	
	<u>Resolved</u> – that the Minutes of the public Boards in Common meeting held on 11 June 2026 (paper B) be confirmed as a correct record.	

87/26	MATTERS ARISING: BOARD ACTION LOG	
	Paper B provided progress updates for the matters arising from previous Trust Board meetings, the contents of which were received and noted. The following verbal updates were provided: • Action 3 (Minute 31/26/3 of 11 June 2026 Boards in Common meeting re the rollout of PEWS metrics as discussed under the Integrated Performance Report) – the Chief Nurse advised that this action related to UHN. There was a plan in place at UHL utilising Nerve Centre and this action could therefore be closed; • Action 3 (i) (Minute 31/26/3 of 11 June 2026 Boards in Common meeting) – it was reported that this action could now be closed; • Action 5 (Minute 20/26/2 from 9 April 2026 re a Research and Innovation Framework) – the Acting Chair noted that this matter was still pending and should be retained in the action log for an update as appropriate, and • Action 5a (Minute 20/26/2 from 9 April 2026 re including greater detail in future reports of trial / research outcomes) the Acting Chair noted that this should be retained in the action log for an update as appropriate.	
	<u>Resolved</u> – that (A) the matters arising report be received and noted as paper B, and (B) the verbal updates provided be included in the next iteration of the matters arising report.	CCSO
88/26	PATIENT STORY – CARMEN AND LYNDSLEY'S BEREAVEMENT STORY	
	The Chief Nurse introduced the patient story which focused on bereavement, particularly baby loss and the different approach to bereavement support taken by the Trust dependent upon the gestation of the baby. The Chief Nurse was joined by Ms K Johnston, Head of Midwifery and Nursing and Ms S McLeod, Head of Patient Experience. This particular patient story highlighted the inequity for families experiencing pregnancy loss before 16 weeks gestation, many of whom had experienced recurrent loss and significant emotional trauma but received limited follow-up support. The Early Pregnancy Assessment Unit supported more than 200 families each month who experienced early pregnancy loss. Patient feedback had reinforced the need for more consistent and compassionate bereavement care regardless of gestation. In response, the Clinical Management Group had repurposed existing resources to establish a dedicated Early Pregnancy Bereavement Nurse/Midwife role. Recruitment was now underway. This role would provide specialist support to families experiencing early pregnancy loss, improve continuity of care, and help address the current gap in bereavement provision identified through Carmen and Lyndsey's experience. In discussion: (i) in response to a query raised as to whether there was a means by which to readily identify those patients who had experienced recurrent miscarriages and those who had lost a baby after undergoing IVF treatment – the Head of Midwifery and Nursing advised that the Trust's adult bereavement service and midwifery bereavement service would make contact with everyone who had experienced a loss, as a result of which it would be evident which patients /carers needed additional support. She also highlighted the work on-going to reduce the waits for patients waiting to be seen in clinic after experiencing recurrent miscarriages; (ii) the Director of Midwifery highlighted the desire to engage with System Partners regarding the broader women's health agenda and the work underway in relation to hubs; (iii) in response to a clarification sought, the Head of Midwifery and Nursing confirmed that support would be provided for every woman experiencing baby loss irrespective of the gestational age of the baby; (iv) members noted the avenues by which women could seek psychological support and the sign-posting to relevant services which was provided by UHL. Also noted was the potential to undertake more work with relevant charities in this respect, and (v) members note the key areas of signposting, communication and the provision of information, with appropriate nuancing for culture being an important consideration.	

	In concluding discussion on this item, the Acting Chair thanked the Head of Midwifery and Nursing and the Head of Patient Experience for bringing this patient story to the Trust Board and undertook to write to Carmen and her family to personally thank them for sharing their experience with the Trust Board. The Chief Nurse was requested to provide a further update to the Trust Board in twelve months' time regarding the impact of the planned service changes discussed at today's meeting.	
	<u>Resolved</u> – that (A) the contents of this report and related patient video be received and noted, (B) the Acting Chair be requested to write to Carmen and her family to personally thank them for sharing their experience with the Trust Board, and (C) the Chief Nurse be requested to provide a further update to the Trust Board in twelve months' time regarding the impact of the planned service changes discussed at today's meeting.	AC CN
89/26	STANDING ITEMS	
89/26/1	<u>Chair's Report</u>	
	The Acting Chair reported verbally, making note of the challenging environment within healthcare, with increasing numbers of patients experiencing dementia, heart disease and cancer etc within a short timescale. The Trust's strategic priorities would help in meeting these challenges and there was evidence of progress being made, with more work to undertake in key areas.	
	<u>Resolved</u> – that this verbal information be noted.	
89/26/2	<u>CEO Update</u>	
	The Chief Executive presented paper E, and specifically reported on the following: (i) a recent CQC Inspection into medical care at Glenfield Hospital had resulted in a rating of 'Good' with a rating of 'Outstanding' awarded against the 'Well Led' domain; (ii) the Trust's current performance against a range of operational targets, with specific note being made that UHL had achieved the best outcomes in the Midlands during the last week for access targets. Particular note was made that, in quarter 1 alone, there had been 734 incidents of abuse directed at UHL staff. Also highlighted was the fact that, in terms of digital systems, the basics did not consistently work. The ratings of UHL compared to its peer organisations against a variety of indicators had only been released on the previous day and work would now be undertaken to review the results in depth – the Group Chief Digital Information Officer was requested to provide an update regarding the underlying data arising from the Q1 2026/27 NHS Oversight Framework (NOF) segmentation data and performance league tables and share the link with Trust Board members as appropriate, and (iii) the ability to accurately identify the drivers of improvement was discussed by Board members, with note made that further work was required in this respect.	
	<u>Resolved</u> – that the contents of paper E be received and noted.	
89/26/3	<u>Integrated Performance Report and Executive Summary (Month 4)</u>	
	The Chief Executive introduced paper F; the Integrated Performance Report (IPR) which provided a high-level assessment of specific areas across the organisation for the month ending July 2026. The Chief Operating Officer noted that extreme heat had been experienced over the Summer and the Trust continued to learn and refine its plans in relation to extreme weather events and she summarised the latest position for the Trust in relation to operational performance targets, highlighting those areas performing well and those areas requiring further focus in order to make improvements. Particular discussion took place regarding clock starts and validation work. Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper F relating to their portfolios as follows:-	

	(1) Quality – the Chief Nurse highlighted the increasing number of blood culture infections and referenced the Task and Finish Group established to undertake focused work in this area and the Medical Director noted the real opportunities evident through the antimicrobial work, which would lead to better patient outcomes and better performance. The Medical Director also highlighted the reported improved position in terms of mortality at UHL and discussion took place as to potential reasons for this improvement. Particular discussion also took place regarding a recent increase in Never Events and the work being undertaken in response to this. During discussion, reference was made to the need to be forensic and clear in keeping patient safety at the forefront, particularly in light of reductions in workforce and the financial environment and the Chief Nurse confirmed that she and the Medical Director felt they had the wider support of the Executive Team whenever they raised issues in relation to the quality agenda. (2) People – the Chief People Officer noted that the position in respect of workforce was slightly adverse to plan, the main driver of which was the use of temporary staffing through the bank and the Trust would need to adjust its position accordingly through the rest of the year. Turnover had reduced and the Trust was able to recruit comparatively well. There had been a slight increase in the use of agency staff, mainly AHPs. Improvement plans were in place in respect of temporary staffing / bank spend and represented a key area of focus. Mandatory training was performing well at 93% against an aspirational target of 95%, whilst appraisal performance was below target at 82%. A new appraisal process and training programme had launched and it was hoped this would help in improving performance. Particular discussion took place regarding preparations for dissemination of the flu vaccine, with note made of the robust winter plan for management of flu and seasonal viruses, albeit note was made of the low uptake currently of the RSV vaccine and of the work ongoing to highlight this through social media to improve awareness. Discussion also took place regarding the support offered to colleagues going through a management of change process. A verbal update was also provided of the work undertaken by the Trust in relation to employability programmes and vocational training and regarding the work specifically undertaken in partnership with local colleges in respect of the Project Search programme, which was providing excellent outcomes for participants. The Acting Chair highlighted the important part the Trust had to play in a community environment. (3) Finance – the Chief Financial Officer outlined the latest financial position for the Trust as documented within the report. The Trust was currently achieving plan, albeit it was recognised that there were challenging times ahead as the Month 5 budget would reduce and also bank and agency spend was not reducing at the rate desired. In summary, the Chief Executive noted that the easier half of the year was nearing completion, with the Trust facing higher attendances and acuity during the Winter months. The Trust recognised the risks and the interdependencies with system partners.	
	<u>Resolved</u> – that the contents of paper F be received and noted.	
89/26/4	<u>Board Committee Escalation Reports</u>	
	<u>Quality Committee – 25 June 2026, 30 July 2026 and 27 August 2026 (papers G1 – G3)</u> In the absence of Ms J Houghton, Quality Committee Non-Executive Director Chair, Dr A Haynes, Trust Chair presented the public escalation reports from the three most recent meetings of the Quality Committee. The importance of data intelligence was highlighted in discussion, particularly with regard to antimicrobial resistance and also regarding patient attendances and admissions. The Annual Report for 2025/26 as relating to Adult Learning Disability, Mental Health and Autistic People was approved, as recommended to the Trust Board by the Quality Committee at its meeting in June 2026. <u>Finance and Investment Committee – 24 June 2026 (paper G4)</u> Mr A Inchley, Finance and Investment Committee Non-Executive Director Chair presented the public escalation report from the FIC meeting held in June 2026. Particular discussion took place regarding the backlog of estates work, as highlighted during the FIC meeting, with note made that FIC looked at the operational impact of estates issues. <u>Operations and Performance Committee – 25 June 2026, 30 July 2026 and 27 August 2026 (papers G5 – G7)</u>	

	Mr S Adams, Operations and Performance Committee Non-Executive Director Chair, presented the public escalation reports arising from the three most recent meetings of OPC. Particular issues discussed during these meetings had included referral demand and increasing complexities, which was due to be discussed again in October 2026, a deep dive on the Oral Maxillofacial Service, a presentation on breast reconstruction services and detail on the work required to achieve against the 65 week target. <u>Our Future Hospitals and Transformation Committee – 24 June 2026, 29 July 2026 and 26 August 2026 (papers G8 – G10)</u> Dr A Haynes, Our Future Hospitals and Transformation Committee Non-Executive Director Chair, presented the public escalation reports from the three most recent meetings of OFHTC. One particular issue covered during these meetings included utilisation of Hinckley CDC (there had been a 92% delivery of the volume in the business case. The Chief Operating Officer noted that this facility was just over one year old and was seeing great returns in terms of its activity, with excellent feedback from both patients and staff). Wider discussion took place regarding the transformation work being undertaken, in addition to the work around future hospitals and the Deputy Chief Executive and Director of Communications and Engagement noted that they would be addressing how to re-build the communications programme in this respect detailing tangible evidence of progress to-date and outlining a credible vision for the future. <u>People and Culture Committee – 30 July 2026 (paper G11)</u> Professor I Browne, People and Culture Committee Non-Executive Director Chair, presented the public escalation report from the July 2026 meeting of the PCC and highlighted discussions around the staff survey and Freedom to Speak Up. The Chief Executive noted that there had been a level of change within the organisation and it was not yet known how this would affect participation in and the outcome of the staff survey. <u>Audit Committee – 22 June 2026 (paper G12)</u> Mr D Moon, Audit Committee Non-Executive Director Chair, presented the public escalation report from the Audit Committee meeting in June 2026 highlighting the risk around achieving compliance in relation to Martyn's Law within the relevant timescales and he sought Trust Board approval of the Audit Committee Annual Report 2025/26, as per the recommendation of the Audit Committee – the Trust Board approved the Audit Committee Annual Report 2025/26.	
	Resolved – that the escalation reports from the Quality Committee meetings held on 25 June 2026, 30 July 2026 and 27 August 2026, Finance and Investment Committee meeting held on 2 June 2026, Operations and Performance Committee meetings held on 25 June 2026, 30 July 2026 and 27 August 2026, the Our Future Hospitals and Transformation Committee meetings held on 24 June 2026, 29 July 2026 and 26 August 2026, the People and Culture Committee meeting held on 30 July 2026 and the Audit Committee meeting held on 22 June 2026, be noted, and any recommendations within be endorsed.	
90/26	HIGH QUALITY CARE FOR ALL	
90/26/1	<u>Perinatal Quality Surveillance Scorecard / Perinatal Assurance Committee (PAC) Highlight Report</u>	
	The Director of Midwifery presented the Perinatal Quality Surveillance Scorecard and Perinatal Assurance Committee Highlight Reports (paper H) which provided an update on monitoring and oversight and detailed core safety metrics and advised that a suite of maternity and neonatal metrics were to be included in the Integrated Performance Report. In discussion the Trust Board: • queried whether the timeliness of access to theatres for emergency caesarean sections was monitored – this would be one of the metrics for inclusion in future iterations of the IPR; • noted that, in terms of post discharge management, the Stork Bundle was being combined with the Homecare Service in the creation of a regional approach; • noted that, in terms of triage, there was confidence that patients were being seen within 30 minutes – this was an improving position and again, would be one of the metrics to feature in future iterations of the IPR; • welcomed the maternity inclusivity dashboard, noting that UHL was the driver for this. Whilst there was a national dashboard, this would not provide the timely information required, and	

	noted the Chief Executive's acknowledgement of the progress made from a quality and safety perspective at Kettering General and Northamptonshire General, in respect of which he expressed his thanks to the Director of Midwifery for the work undertaken in this respect.	
	Resolved – that the contents of this report be received and noted and any recommendations contained therein be supported.	
90/26/2	<u>Ockenden Review, AMOS NMNI and NHS England 10-Point Action Plan</u>	
	The Director of Midwifery presented paper I, which provided the Board with an integrated, evidence-based assessment of UHL's response to the AMOS National Maternity and Neonatal Investigation, the Ockenden Review and the NHS England 10-Point Plan. The paper presented the UHL baseline position, incorporated the maternity-triage deep dive, identified the principal assurance gaps and strategic risks, sought approval of the baseline return and integrated delivery approach, and set out the corporate support required to deliver and evidence sustained improvement.	
	This report was UHL's interim response and baseline stocktake under the NHS England 10-Point Plan assurance process. It set out the Trust's current assurance position, immediate priorities, residual risks and enabling requirements whilst the national maternity and neonatal taskforce developed the longer-term action plan. Both the baseline assessment, due on 25 September 2026, and the progress update, due on 31 December 2026, required formal approval by the Trust Board before submission to NHS England. UHL would continue local delivery at pace and would complete a formal read-across, update its integrated programme and return any material changes in risk, resource or assurance when the national plan was published.	
	The Trust Board was specifically requested to: (a) note the national shift from assurance that plans existed to evidence that change was embedded, reliable and improving experience and outcomes; (b) acknowledge UHL's direct involvement as one of the 12 trusts included in the AMOS investigation and the Trust-specific learning arising from that involvement; (c) receive and formally approve the UHL NHS England 10-Point Plan baseline assessment (18 compliant, six partially compliant, two not applicable and none non-compliant) for submission to NHS England by 25 September 2026; (d) require formal Board approval of the national progress update before its submission to NHS England by 31 December 2026; (e) endorse the overall judgement of reasonable assurance, with material gaps requiring active oversight; (f) endorse the proposed oversight route through PSIP, PAC, TLT, Quality Committee and quarterly Board reporting; (g) receive the maternity-triage deep dive and note the moderate-assurance position against the detailed National Maternity Triage Specification; endorse the seven cross-site priorities in Appendix 3; and require a single costed, time-bound improvement plan, including formal appraisal of the two interim Tier 2 medical-cover options and return of any investment or Board decisions required; (h) support the workforce, medical leadership, analytical, digital, estates, quality-improvement, communications and programme capacity required for delivery; (i) require quarterly assurance showing movement against each partially compliant deliverable, maternity-triage improvement, risks, mitigations, measurable impact and areas requiring corporate or Board intervention, with immediate escalation of material safety, access, workforce, estate, digital, analytical or delivery risks, and (j) endorse the move to impact-led assurance, including maternity and neonatal metrics in the Integrated Performance Report from the next reporting month, quarterly triangulated reporting of outcomes, experience, workforce, culture and equity, and direct testing with women, families and staff of whether improvement was visible and sustained.	
	In discussion on this item: (i) in response to a query raised, the Director of Midwifery confirmed that, although not shown in the documentation presented, there were target completion dates for the priority actions listed; (ii) the Medical Director highlighted that dual accountability from the offices of both the Medical Director and the Chief Nurse may require a different leadership structure;	

	(iii) members noted the need to discuss the financial implications further outwith the meeting, and (iv) in response to a query raised as to whether the required doctors existed, the Director of Midwifery advised that work was on-going nationally to make obstetrics a career of choice. There existed the opportunity to stand out and make Leicester a desirable organisation for which to work.	
	In concluding discussion on this matter, the contents of this report were received and noted and the recommendations contained within this report were endorsed.	
	<u>Resolved</u> – that (A) the contents of this report be received and noted, and (B) the recommendations contained within this report be endorsed, including approval of the UHL NHS England 10-Point Plan baseline assessment for submission to NHS England by 25 September 2026.	
90/26/3	<u>UHL's Annual Deliverables for 2026/27 – Q1 2026/27 Performance Summary and National Oversight Framework Q1 2026/27 Segmentation and Position</u>	
	The Deputy Chief Executive presented a report summarising the progress to date in delivery of the Trust's 10 key priorities and deliverables for 2026/27 (paper J). Key areas of progress were noted. The Deputy Chief Executive advised that there were new metrics detailed within the National Oversight Framework and discussion would be required as to whether these were to be included in the monthly Integrated Performance Report (IPR). Mr Inchley, Non-Executive Director and FIC NED Chair, highlighted the need to frame progress cautiously, acknowledging the challenging background in terms of workforce and finance and the Deputy Chief Executive confirmed that the Chief Financial Officer had raised the same point when this report was discussed at TLT. Whilst the Deputy Chief Executive was in agreement, he noted that this was a more longitudinal look, with the majority of risks within quarters 3 and 4. The Chief Executive noted that this was a helpful report and required communicating effectively within the organisation.	
	<u>Resolved</u> – that the contents of paper J be received and noted.	
91/26	GREAT PLACE TO WORK	
91/26/1	<u>Freedom to Speak Up Q1 report</u>	
	Ms S Kaya and Ms R Moss, Freedom to Speak Up Guardians, presented the Freedom to Speak Up Quarter 1 report (paper K refers), highlighting the key points from the last quarter. In discussion on this item: (i) the Freedom to Speak Up Guardians noted that a fall in documented concerns did not necessarily mean that there were no issues, as this could be attributable to a low level of reporting; (ii) members noted the need to raise detriment awareness; (iii) the Chief People Officer was pleased to hear about the positive impact of the reasonable adjustment clinics. All of the clinics had been fully subscribed and this represented a good example of positive intervention, proactively supporting people to remain in work; (iv) members debated how best to follow up on the issue raised regarding management incidents. It was agreed that the Chief Nurse and Medical Director would progress the issue raised in relation to management incidents, with particular reference to the professional and scientific workforce, in further discussion with the Executive Team; (v) Professor Browne, Non-Executive Director and PCC Chair, noted that F2SU represented an early warning system within the organisation and he queried whether some of the lessons were being incorporated into training – in response, Ms Moss advised that the Guardians had met with the Organisational Development (OD) Team regarding management issues, most of which came down to culture, particularly where small teams of people operated quite independently with minimal oversight, and	

	(vi) note was made that the Guardians had received eight concerns in one day very recently and many factors could affect the levels of concerns received. The Deputy Chief Executive noted that utilisation of this service was often the last resort for staff who did not feel they were being listened to.	
	<u>Resolved</u> – that (A) the contents of paper K be received and noted, and (B) the Chief Nurse and Medical Director be requested to progress the issues raised in relation to management incidents, with particular reference to the professional and scientific workforce, in discussion with the Executive Team.	CN / MD
91/26/2	<u>Staff Survey Report</u>	
	The Chief People Officer presented paper L, which provided an update on the delivery plan in response to the 2025 staff survey, along with plans for the 2026 NHS Staff Survey. It provided an outline of work that was both underway and planned in relation to how the Trust maximised response rates. The Trust Board was requested to: (1) receive this information (2) note the target response rate of 60% for 2026 and (3) note the staff standards and staff survey metrics reporting via the National Oversight Framework.	
	In discussion on this item: (i) it was noted that the 2026 Staff Survey would launch on 21 September 2026 and run until the end of November 2026. The majority of colleagues would receive the survey via email, although some Estates and Facilities colleagues would receive it in hard copy format; (ii) it was noted that six staff standards were being developed, which were minimum staff standards which colleagues should expect, the intention of which was to drive improvements and improve the safety of staff in the NHS and ensure appropriate oversight and visibility around performance; (iii) members noted that particular factors affecting the results of the Staff Survey included security of employment, as this was the cornerstone of staff experience, along with the relationship with staff members' immediate line manager, and (iv) the Chief Executive noted that there had been a deterioration in the results of the staff survey nationally in the previous year and he sought the view of the Chief People Officer as to whether this was expected to the case again this year – in response the Chief People Officer noted that there was often a gap in survey results between those organisations driving improvements and those that were not. Some organisations were taking particular measures to deliver on finances and these could affect elements which mattered most to staff, such as food and car parking etc.	
	<u>Resolved</u> – that the contents of paper L be received and noted.	
92/26	SUSTAINBLE FINANCES – NO ITEMS	
93/26	PARTNERSHIPS FOR IMPACT	
93/26/1	<u>EM RRDN Quarterly Report</u>	
	Ms E Moss, Network Director, East Midlands RRDN, attended to present paper M, which provided an update on current RRDN priorities and assurance regarding the latest RRDN financial position and risks and issues. UHL was the Host Organisation for the National Institute for Health and Care Research (NIHR) East Midlands Regional Research Delivery Network (RRDN) and was contracted by the Department of Health and Social Care (DHSC) to take overall responsibility for the monitoring of governance and performance of the Network.	
	Particular discussion took place regarding the following:	

	(i) the benefit in presenting data from the local region so that the Trust Board could see how well UHL and others were performing; (ii) the fact that participation was about the availability of studies and the need therefore to be seen as an attractive place to undertake studies; (iii) the need to ensure that the research undertaken translated back into practice and that patients who had participated in studies were briefed of the outcome – further work was required in respect of both of these elements, and (iv) note was made that only studies which it was felt would make a difference were undertaken and the Medical Director highlighted that organisations who actively undertook research were shown to deliver better care.	
	<u>Resolved</u> – that the contents of paper M be received and noted.	
94/26	RESEARCH AND EDUCATION EXCELENCE – NO ITEMS	
95/26	CORPORATE GOVERNANCE/REGULATORY COMPLIANCE	
95/26/1	<u>Fit and Proper Persons Compliance</u>	
	The Director of Corporate and Legal Affairs presented paper N, which provided the Trust Board with assurance that the annual fit and proper persons test had been carried out for 2025/26 and that the Trust had complied with the annual submission completed by the Trust Chair. A report on the position had also been presented to the Audit Committee in June 2026. The Trust Board was requested to be assured that all checks had been completed with no areas of concern identified. The Director of Corporate and Legal Affairs advised the Trust Board that UHL was about to undergo a Board Internal Audit, and she would report on the output of this in due course.	
	<u>Resolved</u> – that the contents of paper N be received and noted.	
96/26	CORPORATE TRUSTEE BUSINESS	
96/26/1	<u>CFC Escalation Reports – 12 June 2026 and 14 August 2026</u>	
	Following the retirement of Professor Robinson, Non-Executive Director and CFC NED Chair, the Director of Corporate and Legal Affairs presented the public escalation reports from the Charitable Funds Committee meetings of 12 June 2026 and 14 August 2026 (papers O1 and O2) and she sought Trust Board approval of the CFC Annual Report 2025/26 and the CFC Terms of Reference as per the recommendation of the Charitable Funds Committee at its meeting held on 12 June 2026 – the Trust Board approved the CFC Annual Report 2025/26 and latest iteration of the CFC Terms of Reference.	
	The Acting Chair formally recorded his thanks to Professor Robinson for the support he had provided to the Charitable Funds Committee and the progress made by the Committee during his tenure as Chair.	
	<u>Resolved</u> – that the contents of papers O1 and O2 be received and noted and the recommended items contained therein be approved.	
97/26	ANY OTHER BUSINESS	
	<u>Resolved</u> – that there were no further items of business.	
98/26	QUESTIONS FROM THE PRESS AND PUBLIC	
	There were no questions from the press or public.	
99/26	REPORTS DEFERRED TO A FUTURE MEETING	
	<u>Resolved</u> – that the below-referenced reports would be deferred to a future meeting: • Health Equality and Inclusion Update and	

	• R & I Quarterly Report	
100/26	DATE AND TIME OF NEXT MEETING	
	Resolved – that the next Public Trust Board meeting be held on 8 October 2026 at 9.30am in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital.	

The meeting closed at 12.33pm

Gill Belton – Committee and Corporate Services Officer

Cumulative Record of Attendance (2026/27 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Haynes	1	1	100	J Houghton	1	0	0
S Adams	1	1	100	A Inchley	1	1	100
L Bond	1	1	100	R Mitchell	1	1	100
I Browne	1	1	100	D Moon	1	1	100
H Hendley	1	1	100	G Xu	1	1	100
J Hogg	1	1	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	1	0	0	S Harris	1	0	0
S Barton	1	1	100	W Monaghan	1	1	100
B Cassidy	1	1	100	C Teeney	1	1	100
E Casteleijn	1	1	100				